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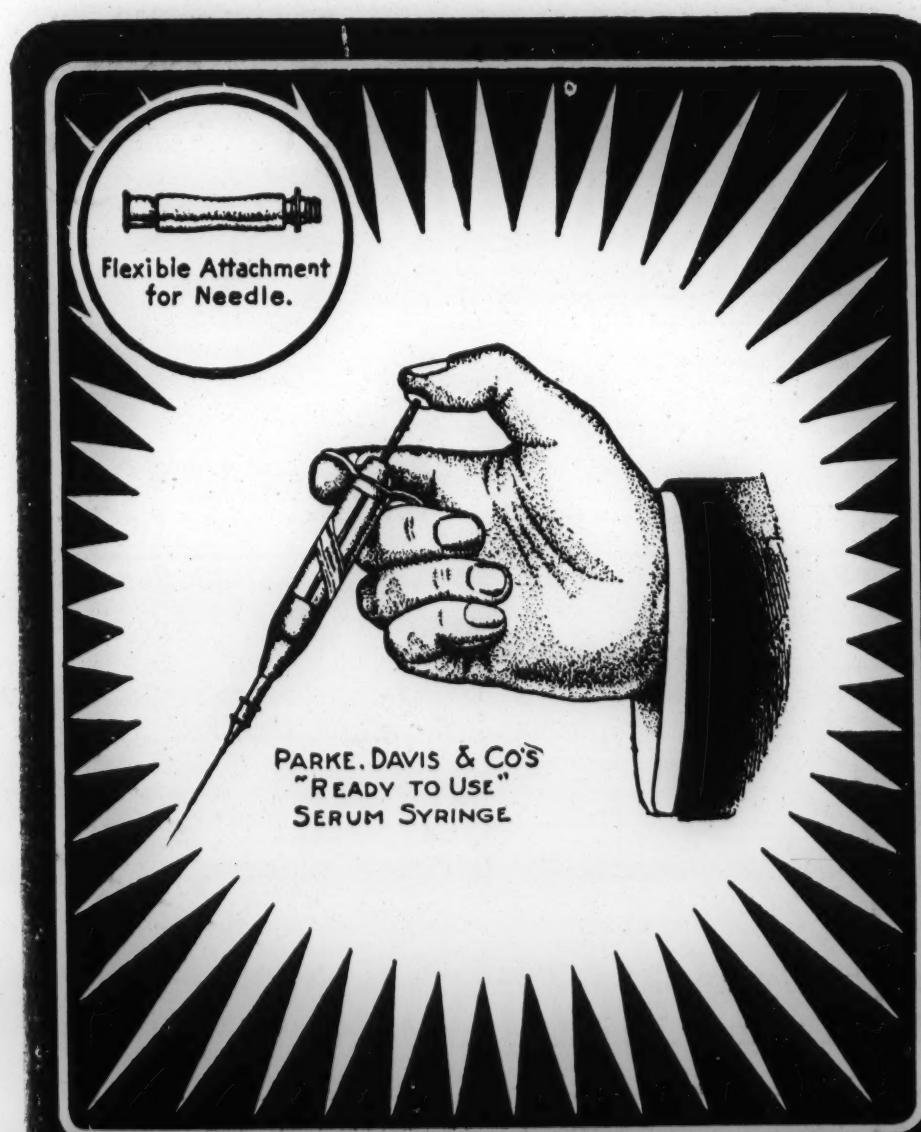
OCTOBER, 1906

The California Medical Journal

D. MACLEAN, M. D., EDITOR.

Published Monthly

San Francisco, Cal.



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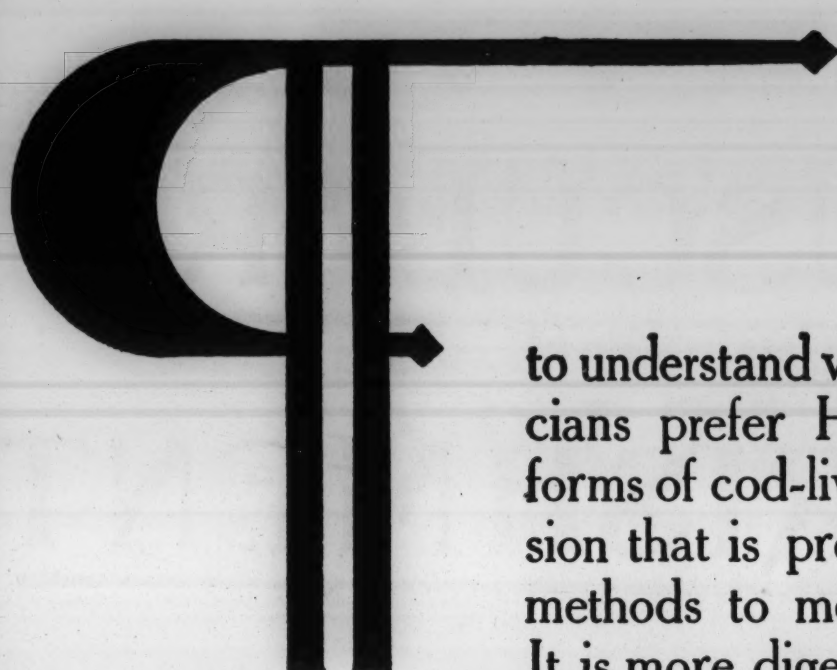
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CALIFORNIA MEDICAL JOURNAL.

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OCTOBER, 1906.

No. 10.

Has Eclecticism Fulfilled Its Mission?

BY F. J. PETERSEN, M. D.

An article in the *Eclectic Medical Journal* of September, by Dr. Cooper, appealed to me more than anything along that line I have read for a long time. Dr. Cooper says:

"Everybody who knows anything at all, knows that the atrophy of our school does not depend on clinical unsuccess. It is the theory of several prominent and representative Eclectics with whom I have talked that the failing condition of Eclecticism depends on the fact that its mission is fulfilled—completed."

On the former I fully agree with Dr. Cooper. If the doctor is right in the latter, I would say that it is about time for all Eclectics to try and be doing something, to keep them all interested. How can we do this? Easy enough if we are willing to forge ahead and broaden out. Any school after having formulated a system and

gradually added as time passes on will naturally come to that point where new material and new discoveries in the line of drugs will become more limited. This, however, does not mean that they should rest on their laurels and discontinue in their investigations. There is new material to be found yet and new uses for many drugs we use now. Although our program may not be as rapid in the future as it has been in the past, for lack of material, as stated before, there is still room for continued advancement and to become more broad minded. To call our mission fulfilled would mean to go backward and lose prestige. This no school of medicine can afford to do, and certainly not our Eclectic school of medicine.

It is a well known fact that the old school is gradually absorbing some of our best remedies and using

them according to our indications and thus they are becoming better practitioners.

The Homœopaths are adding a great many of our best remedies to their already large list.

If we are willing to lie idle and see how our best knowledge is absorbed by others, we can well understand why many desert us, and why others fail to take interest in our school.

The other schools have a right to use what does the work best, so have we. For above reasons we should be true to our name, that is, to "*choose the best from all*" and add to our system provided we can apply the same in such a manner as to meet certain

conditions and indications. Then by adding new material from time to time and choosing the cream of all that is good we are bound to forge ahead and thus continue to broaden our system.

If we do this we can with confidence look the future in the face knowing that by continual hard work we will continue to advance; and looking at the matter from this standpoint I can say with emphasis, our work is not completed yet.

I can furthermore say that if we forge ahead as stated that we will not only continue to exist, but advance and gain more prestige than other schools of medicine.

Leprosy, Its Causes Prevention and Cure.

THEODORE JUDSON HIGGINS, M.D., PH. G., M. S.

The theory of opsonins and of an opsonic index as propounded by Joseph Hume, M.A., M.D., D.P.M., in his article in the October St. Louis Medical Brief, is well worthy of deep study, and whilst we do not personally agree with the doctor in the opinion that opsonins battle with the bacilli to any extent, we do adhere to the idea that if the organism is supplied with such pabulum that the organic body cells, not already involved in the perversion of functionation of the cells essentially composing the organ or organs in which the disease expression exists, do their work normally and do not become involved, just in

so far do we develop the so-called opsonin. To my mind this so-called opsonin is in reality the true normal electrical potential of the somatic cell. Gentlemen, do not let us lose sight of the fact that at last we are really on the verge of something of incalculable value to the man desiring therapeutic results, and that as a diagnostic feature bacteria are of inestimable value, as the primary cause of disease expression, not on your lives. That disease manifestation is due to the functioning properties of imperfectly developed somatic cells we believe can be demonstrated. That the functioning properties of

cells is essentially due to a true electrical potential we firmly believe. That this potential is transformed into kinetic, or in other words true electrical reaction in the form of a motive force given the proper influences to call it forth we believe to be unquestionable. In other words we believe every cell to be a perfect electromagnet capable of attracting certain forms of elementary matter or so-called elements, and of repelling certain forms of elementary matter or so-called elements.

As an axiom we know positively that every essential ion and anion of matter in the universe in so far as is demonstrable to our senses possesses a something between it and its fellow that is perfectly elastic and is invisible in this form, but may when certain laws are obeyed be transformed into the most active of all forms of kinetic force or energy, electricity. This something that we cannot as yet define, or as yet is but imperfectly understood, is the ether, and we may understand its chemistry to be as Adam, the celebrated chemist, puts it in his wonderful work: "Electricity may be defined as the chemistry of the ether." Again, this may, looking at the matter from the viewpoint of the pathologist and bacteriologist finally prove as the true definition and analysis of what opsonins really are.

When we stop to think and realize that throughout all nature all forms of vegetable life require their particular soils and environment then we can understand why it is that in many

instances we have many of the clinical manifestations or, in fact, all of the clinical manifestations of phthisis, pulmonalis present, and yet during certain phases of the disease expression whilst certain areas of the most carefully prepared cover glasses will show characteristic reactions, certain portions retaining the various differential stains, yet under the most careful and searching examination not a single bacillus will be found, whilst later on the bacteria appear in the same cases showing that in all probability the essentials of the disease expression of this dreadful curse to human kind are present in the cells constituting the organic substance of the lung in these particular cases long before the bacteria appear and the patient is suffering the clinical phenomena that are manifest in this condition.

Again, we have another class of cases in which the bacterium is present from the time that the patient first appears for treatment, but in these cases careful inquiry will elicit the fact that the patient had been suffering from some constitutional dyscrasia involving blood depravation through failure of normal function of some of the organs involved in the processes of digestion, assimilation, appropriation, or general metabolism and the leucocytes constitute one of the most important systems of organs involved in these complicated processes. They are in a certain sense to be regarded as belonging in the same class as the ameba; now if we study the matter thoroughly we must of necessity ad-

mit that it is of the utmost importance that these organisms must of necessity be perfectly formed in order that they may perform their functions properly as they should and do under normal conditions of health. If they are not normal how can they be expected to do their work so as to do their share in maintaining a normal physiological balance? I claim it to be unsound and utterly illogical to expect normal reaction from an organism which is itself manifesting a pathological state as it certainly does when it fails to surround waste products and carry on its normal physiologic functions in the digestion and elimination thereof.

Now the bacilli are also scavengers and do, to a certain extent, break down and cause the destruction of the cells entering into the cosmos of the organs, manifesting a disease process. They do, however, many times incalculable damage by attacking and digesting these diseased cells because they excrete poisonous toxins which cause marked degeneration of other forming tissues by changing the essential potential in the cells in process of formation from their normal electrical potential to an abnormal electrical potential, and as one can readily see, the stored energy thus formed when called out in the form of the kinetic will force the somatic organism as a whole farther and farther from its normal physiological balance and the organ in which the cellular changes are taking place will be still farther depleted, or it may be temporarily excessively active, thus

causing other parts to conform to its demands by compensating for its perversion from the normal and an ultimate recovery thus ensues, as is often the case, or it may ultimately lead to permanent cellular degeneration; first hypertrophy finally to be followed by atrophy of the organ or parts of the organ involved as is often seen in the various forms of true leprosy. I have advanced these thoughts in order that it may be more clearly understood why it is that we claim certain results for a remedy given the clinical indications confirmed by chemical and microscopic analysis in the given case.

Now for a little more practical therapeutics and materia medica. *Veratrum-viride* will be found exceedingly useful in that phase of tubercular leprosy wherein we find the integument covered with pustules resembling in clinical appearance the phlegmonous variety of erysipelas and especially if the pulse is full and bounding as it is in some of these cases when one can see the carotid arteries pulsate. To obtain the best results it should be given as follows:

R Spec. med. *veratrum*, m x on a little sugar, followed by third of a cup of hot water.

This to be taken as a dose half hour after each meal.

The above should be continued in this class of cases until the stomach ceases to tolerate it well when the following should be given:

Spec. *Collinsonia*, oz. i.

Spec. *Apocynum Cannabinum*, dr. ss
Aqua dest., qs. ad. oz. iv.

M. Sig. Sixty minims after each



MANAGEMENT OF THE FIRST STAGE OF LABOR. 185

meal thrice daily, should be given thrice daily should be given followed by third of a cup of hot water, and continued as long as tolerated well.

This latter formula has a most excellent toning effect upon the heart, stimulating the absorption of the hypertrophied tissues involved, and decreasing the peculiar edema of the nerve trunks which exists in greater or lesser degree in this class of cases.

It also particularly increases, or to speak more clearly, regulates gastric digestion, and in fact produces a more favorable condition of the entire intestinal tract and thus proves of valuable assistance in improving the general nutrition of the patient thus in a measure looking towards recovery. It stimulates the opsonins and the manifestation of the opsonic index to a marked degree looking at the matter from this viewpoint.

Management of the First Stage of Labor.

By H. McKee Tucker, M. D., Professor of Obstetrics, etc.

If a doctor is called to see a case of labor for the first time and finds a woman in the first stage, there are five things he should do.

1. Get her history, particularly with reference to rickets in childhood, and if multipara with the reference also to past labors, etc.

2. Ascertain by external pelvimetry the probability of contracted pelvis, to be confirmed later by internal examination if suspected. At this time also determine the probable position and presentation by inspection, palpation and auscultation.

3. See that bladder and rectum are emptied, the latter by enema, as the distention of either predisposes to uterine inertia. And a distended rectum narrows the pelvic canal as well as predisposing to infection.

4. Direct the patient to be given a general bath followed by a disinfectant, the external genitalia and sur-

rounding area with bi-chloride solution.

5. Make internal examination with sterilized hands, separating labia with the fingers of the other hand, at the same time looking at the parts so as to introduce the examining finger directly into the vagina, and thereby avoid possible contamination from contact with the external genitals; trying to find the vaginal orifice without looking at the parts is false modesty and an inexcusable break in the technique.

The objects of this internal examination are: first and most important to determine the position, presentation and degree of engagement of the presenting part; the position of the perineum; size and dilability of the vagina; the presence of exostosis and tumors; the condition of the cervix, whether soft or rigid, thin or edematous; and last the movability of the

child. After this, if everything is normal, pains regular and effectual inaction is the course for the obstetrician, other than allowing his patient to walk or sit as she desires, as moving around hastens dilatation and makes her more content to go to bed when she has to. Do not allow her to continue erect posture after the cervix has dilated to the size of a dollar, as it predisposes to danger, both mother and child. After this time, by no means allow her to use commode or water closet, as she will often request, for it is possible for child to be born thus, suddenly into sewer or closet.

How many times should she be examined? As few times as possible, ascertaining all the foregoing facts at one examination, which can only be done by a *careful* and *always* methodical examination. So much for the normal case. Here let me say these really need no physician; the only need for him is to detect, and detect early any complications or abnormalities which may be present, and treat these at the *proper* time and in the *proper* way. If this is always done, the maternal and foetal mortality would be practically nil, as it is these complications are often not ascertained until it is too late to correct them, and in this way countless mothers and children have been sacrificed. The importance of the early recognition of complications which prolong labor and make it difficult or which, if left unrecognized, threatens the life of either mother or child, or possibly both, can not be over-esti-

mated. For instance, take a posterior face case. If this be recognized early, it may be converted into an anterior vertex, the most favorable position and presentation by external version, or if this fails it is possible to push the chin forward or perform an easy podalic version. While if unrecognized and allowed to go on for some time it may become impacted, which will necessitate a destructive operation, as well as endanger the mother's life by exhaustion, threatened rupture of the uterus, and increase risk of infection. In case of contracted pelvis, carcinoma of the cervix or rectum or anything which makes it impossible for delivery by the natural passages, the danger to mother and infant depends largely upon its early recognition during the first stage of labor if not before. If breech cases were always recognized during the first stage and converted into vertex cases by external version, you would have a foetal mortality of less than 5 per cent. instead of 30 per cent. as is the case in breech presentation. In short the treatment of all complications is to recognize them during the first stage of labor, if not before, and institute treatment before it is too late to save the life of infant, or before the mother's life is too far endangered. In cases of adynamic fevers or advanced disease of the heart, it is well to apply the forceps through a partly dilated cervix, and in this way facilitate its early dilatation and thereby save the woman the nervous strain and exhaustion of a prolonged first stage.

In this connection, let me emphasize the fact that no woman with advanced organic disease of the heart, especially if she has renal insufficiency as well, should be allowed to carry her child beyond the eighth and one-half or the ninth lunar month. At this time, premature labor should be induced, and if properly performed may be done without danger, insuring a very much easier and consequently a less dangerous labor.

Some may term this meddlesome midwifery, but, nevertheless, meddling or otherwise, it is the correct method.

The one thing that most often requires treatment is the prevention of a too prolonged first stage. In the large majority of these there is no real obstruction in the cervix, but is due almost always to deficient expulsive powers, uterine inertia, therefore we should direct our attention to the different means of stimulating the expulsive forces of the first stage of labor. These methods are applied both without and within the passages. All of our resources which are used without the passages, should be applied. If the patient is more or less tired out from a long continuation of feeble and ineffectual pains, the rational thing is to give her a sedative which will produce sleep and restore her nervous tone. The best is probably chloral or morphia. On awakening, the cervix will probably have softened, the pains will be strong and regular and the first stage proceed satisfactorily. If after administering the drugs, or if from the begin-

ning they are ineffectual we should administer uterine and nervous stimulants. Quinine in a glass of sherry is often all that is needed. If the stomach is irritable, the bisulphate should be given by the rectum in twenty to thirty grain doses in the form of a suppository. Walking, as stated before, will often increase the contractions by reflex excitation. Hot and cold applications applied alternately to the hypogastrium will often be of benefit. Strychnine given hypodermically in one-sixtieth of a grain doses every fifteen minutes for three or four doses is often of benefit, especially in multipara with more or less flabby uteri. A better plan is probably to give one-thirtieth of a grain three times a day for the last four weeks before confinement. *Ergot* should never be given during the first or second stages of labor, except in delivery of the second child, in case of twins, or in those cases where you fear post partum hemorrhage and are prepared to empty the uterus at once. Any one who would give ergot, as is sometimes done to stimulate pains of the first stage, must certainly be ignorant of its mechanism and does not realize that while he is increasing the expulsive forces, he at the same time may be blocking up the gateway, the ergot sometimes acting on the circular fibres of the cervix, thereby causing its contraction. Occasionally we observe a tetanoid contraction, and when it exists oxytoxics are positively contra-indicated. Here you should administer a few drops of ether or chloroform, and if necessary hasten

delivery by manual dilatation and extraction, as a prolonged and powerful tetanoid contraction may result in the death of the infant.

So much for the methods of accelerating the first stage of labor applied outside the passages.

Now just a few words in regard to the means of shortening the first stage of labor applied within the passages. As a general rule, we should avoid recourse to these as far as possible, as all are predisposed to some degree to sepsis, but there are times when it is necessary and we should recognize these and know how to deal with them. For instance, in case of placenta previa, premature separation of abnormally situated placenta, rigidity and cicatricial contraction of the cervix, eclampsia, imminent danger of the death of the mother and any condition which renders immediate emptying of the uterus necessary. The os may be dilated by Barnes' bags, by graduated bougies, by the fingers, by forceps or pulling on foot or leg in breech cases, by multiple incisions or by metal dilators.

In regard to the hydrostatic dilators of Barnes and Champetier de Ribes,

they not only excite uterine contractions but also hasten dilatation of the os.

The objections to them are: they predispose to sepsis, malpositions and presentations, as well as being difficult to place. Although it is considered by some to be malpractice to assist ordinary dilatation with the fingers, yet when the cervix is soft and low down it is perfectly justifiable.

Incisions and instrumental dilations are seldom indicated except where there are indications to extract the child at once. Sometimes you examine and find although the cervix is partly dilated, yet during a pain, the bag of waters does not protrude into or through the cervix. In this instance it is due to adhesions between the membranes and uterine wall, which should be separated by introducing the finger through the os and sweeping the first and second joints around the lower uterine segment.

The bag of waters should never be ruptured in primipara until it presents at the vulva, and in multipara until the cervix is fully dilated, then the rupture will shorten the labor.—*The Charlotte Medical Journal*.

Neuroses Due to Nasal Deformities.

BY CHARLES WALDO STICKLE. M.D.

Neurosis of nasal origin may be divided into two classes—sensory and reflex. The former consists of disturbances of olfaction, the latter of disturbances of sensation.

Anosmia (or total loss of smell) may be caused by some anterior nasal malformation deflecting the air current, preventing contact with the mucous membrane, or by complete occlusion

of anterior nares, or by disease of the epithelium whereby the nerves become diseased or destroyed, whether by septal spurs or deviations or turbinate vasomotor hypertrophy or degeneration from sinus involvement.

This condition may be congenital, but is a very common result of particularly ethmoidal sinusitis. Cases of anosmia have been reported resulting from fractures of the cranium through the ethmoid bone. Hyperosmia rarely occurs as an intra-nasal reflex, except as a forerunner of anosmia, but may occur from any excessive irritation of the olfactory filaments. Parosmia as an intra-nasal reflex occurs as a result of suppurative processes in the mucous membrane from infective hypertrophic changes as in influenza, from suppuration in the accessory sinuses and in senile atrophy.

The sensory disturbances, anesthesia, hyperesthesia, and paresthesia may occur as a result of any intra-nasal malformation as suppuration. As a result of pressure on nerve endings we have a hyperesthetic state of the mucous membrane, with disturbance of pharynx and mouth, cough, sneezing, spasm of glottis, asthma, hay fever, hydrorrhœa.

Hysteria is a common symptom occurring in paresthetic state with the sensation of closure of the nares.

Numerous cases of epilepsy as a result of intra-nasal pressure have been reported. An interesting case came under my observation in Halles' clinic in Berlin. This case gave a history of having three or four seiz-

ures daily for a number of years. After the removal of an ethmoidal suppuration and septal deviation, causing pressure on middle turbinate, he cleared up, reporting four months later that there had been no recurrence.

The most distressing reflexes of possible intra-nasal origin are asthma, hay fever and cough. These may occur as a result of any suppurative process either in the accessory sinuses or as a result of pressure from mucous membrane hypertrophy, or other intra-nasal malformations, excess of lymphoid tissue in pharynx, or the presence of pharyngeal œdema as that occurring in Bright's.

Many tabulated series of such cases have been reported. Let it suffice here to state that such conditions occur as a result of such intra-nasal sources, in addition to the many other multitude of etiological factors as neurotic, gouty or rheumatic diathesis, inherited or acquired, exposure to an atmosphere laden with the dust or pollen from some obnoxious plant. The description and treatment of the latter do not come within the scope of this paper; of the former the treatment is, 1st, local, then secondary attention to the restoration of the proper equilibrium of these particularly irritable nerves and nerve centers.

In conclusion I will quote from Schmiegelow in an article on the relation between the diseases of nose and eye, and from Fischer on additional symptoms caused by adenoid vegetations in the pharynx.

Schmiegelow gives a short resume of his personal experiences in the

domain of orbital diseases of nasal origin. Among sixty-three patients suffering from disease of one or more of the accessory sinuses seventeen were found where the empyema was accompanied by eye symptoms, as excessive lacrimation, belptharo-conjunctivitis, ciliary neuralgia, violent orbital pain, strabismus convergens; five patients showed dislocation of the bulbus oculi. One patient, a girl of eighteen years, suffered with acute exophthalmus and chemosis of the right eye, following an acute empyema of the right frontal sinus. She recovered without operation in the course of two weeks. Schmiegelow also saw two cases of orbital abscess and phlegmon develop after an acute inflammation of the frontal sinus in a ten and a fifteen-year old boy."

"The same material, five hundred cases, that Fischer used in an earlier communication (*Laryngoscope*, p. 163, 1903), is made the foundation of these investigations. Additional symptoms were found as follows: Epistaxis, 10 per cent; enuresis, 15 per cent; headache, 44 per cent; anemia, 34.2 per cent; aprosexia, 35.8 per cent; only patients over eight years of age being considered. Most frequently the aprosexia was accompanied by nasal stenosis in 89 per cent; less frequently by difficulty of hearing, in 60 per cent; and more rarely by anemia in 31 per cent. 18 per cent. of the patients stammered and three patients had fault of articulation."—*Brooklyn Medical Journal*.

Acute Nephritis.

With special reference to diagnosis and treatment Dr. O. C. Albright says, contrary to the advice of good men I

have used morphine with good results after all other drugs have failed. I know I am on dangerous ground when I advocate opiates in this condition, and I am not going to advise anybody to use it who doubts its efficacy. In every case of puerperal convulsions I ever treated at the beginning I tried to follow the text-books, but always failed to relieve any patient until I used large doses of morphine. I do not advise its pernicious use, but in properly selected cases when used with discretion and its action guarded with other remedies it has always acted well for me and never badly. Of other useful drugs in acute nephritis may be mentioned strychnine, digitalis, nitroglycerine, etc., according to symptoms and condition of patient. Iron is always indicated in nephritis. Most authors advise against its use during the active stage of the disease. Of the preparations of iron used I prefer a combination of the tincture of the chloride with Spts. Mindererus. It is more readily assimilated than the pure tincture, better borne by the stomach, and can be given in smaller doses with benefit, even in the acute stage of the disease.

The diet in the beginning of acute nephritis should consist chiefly of skimmed milk. As convalescence is established a gradual return to a mixed diet is advised. If kept on strictly a milk diet too long nutrition suffers and thereby retards recovery of the patient.—*Charlotte Medical Journal*.

Tumors of the brain frequently simulate, in their earlier stages, diseases of the stomach.—*American Journal of Surgery*.

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Editorial.**Medical Legislation.**

It is unfortunate that every time a legislature meets in this State the practice of medicine must be a matter of legislation. Political doctors keep things moving.

The present law is by no means perfect, but the different schools should come together and agree on a just law which should not be disturbed for a period of ten years. Agitation for changes produces unrest and dissatisfaction.

All schools should be on an equal footing. The rights of one individual are as sacred as the rights of a thousand. Numbers should not have any advantage. The rights of one Eclectic to practice medicine should be protected as faithfully as the rights of a thousand Allopaths. All are equal before the law. A law that gives a Board of Medical Examiners five to two is a discriminating and unjust law. If a school has a right to exist, it should exist on an equality. The only just law is a law that gives equal representation.

The first change in the law that should be made is to give each school three members. Some friends may

differ with me on this matter. Some want to go back to the old law, giving each school a separate board. This, to my mind, is a step backward. Medicine is bound to become a unity, instead of a trinity.

The next change should be in the qualification. The State of California should establish a standard of admission, a standard of attendance, and a standard of examination. This should be under a Board of Medical Men appointed by the Governor; and when a student receives his diploma he should not be called upon for further examination.

Another change should be made in examinations. All applicants should take the same examination. There should not be one examination for Allopaths another for Homeopaths and another for eclectics. There is good in all schools, and if the Board is a Union Board the examination should be the same for all. The present law favors discrimination. There are only a few Homeopaths and Eclectics who take the examinations. They are so few that the examiners can easily remember them, and discriminate.

These three changes would make as near a perfect a law as we could expect. A standard of equality, a standard of education, and a standard of examinations under the control of the State.

Pure Food Law.

The new law goes into effect Jan. 1st next. The regulations have been issued which will be very strict. Pack-

Original Defective

ages must be labeled in accordance with their contents, so that the purchaser may know precisely what he is buying.

In the matter of coloring the requirement is made that no ingredient known to be deleterious to human health shall be used by manufacturers. This regulation applies with particular force to the manufacture of candies.

Adulteration, particularly of drugs is prohibited, but standard drugs will not be considered adulterated provided they are branded so as to show their actual strength or purity.

Poisonous or deleterious preservatives shall only be applied externally and shall be of a kind that will not permeate to the interior of the product, and such preservatives must be of such character that until removed the food product are inedible.

Misbranding of food or drug products is guarded against particularly. The label on every product must bear the name of the product, the place of manufacture, and must show whether the article is a compound, mixture or blend, and must designate the ingredients and proportions in the case of drugs and foods. The use of any false or misleading statement, design or device on the label is specifically prohibited.

The use of geological names, for instance, was provided for in cases where it was thought the names were generic or distinctive. It was provided, however, that it should be indicated on the package containing the product that it was of American manufacture. Thus, champagne is required to be labeled American champagne or California champagne, so that the purchaser, while he knows that he is getting a certain kind of wine, knows also that the wine is made in America and also in France.

California Has 9582 Wards.

There are confined and kept in State institutions 9582 persons, according to the report of the State Board of Charities and Corrections, which is complete to October 1 and was filed with the Governor. The number is divided as follows: Industrial Home for Adult Blind, Oakland, 102; Whittier and Ione Reform schools, 483; State Hospitals for Insane, 5796; State Prisons, 2583. There has been a decrease of ten inmates in the Industrial Home during the month of September and of seventeen in the Reform schools. There has been an increase of ten patients in the Insane Hospitals, of eight in the Feeble-minded Home and of two in the Penitentiaries. The report is issued by W. A. Gates, secretary of the board.

IRVING Sanatorium is one of the best appointed and most centrally situated private hospitals in the city. Good cooking, good nursing and good management. Everything so pleasant that it is a pleasure to be sick. Medical, surgical and obstetrical cases received. Patients can have their own physicians, and physicians can rest satisfied that their instructions will be carried out in letter and spirit.

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SAN FRANCISCO.

Dr. Roscoe Lee Logan and Miss Evelyn Wyatt were married at Berkeley, September 22nd.

The Georgia Eclectic Medical College opened for its sixty-seventh Annual Session on October 3rd.

Secretary Wilson informs the public that eggs may be affected by micro-organisms before being laid. The safe way is to cook the eggs with your ham or shake them up with milk and whiskey.

Dr. Daniel Ream of Yreka, one of the oldest Eclectic physicians of the State passed away last month.

Dr. A. E. Scott has moved to 804 Eddy street.

Dr. Coates of Sierraville has been in the city attending the sessions of the Masonic Grand Lodge. The doctor is one of the most successful graduates of the California Medical College.

Dr. Greenwell of Lodi has been nominated for the Assembly from his district. We wish the doctor success.

Drs. Leix have located in Sonoma. The Journal expects to hear good reports, and a successful career. There is nothing too good for them.

Dr. Pitts Edwin Howes of Boston has launched a new journal in the field. The Journal of Therapeutics and Dietetics. There is room for such a journal, and Dr. Howes will make it interesting and worthy of your patronage. Send \$1.00 for a year's subscription.

Dr. J. R. Phelan of the Oklahoma Medical News Journal is helping along

the physicians of San Francisco by offering his live and interesting journal to them at a yearly subscription of twenty-five cents. It is worth many times that sum and we advise our readers to avail themselves of the offer. Write for sample copies to Dr. J. R. Phelan, Oklahoma City, Oklahoma.

Symptoms and Treatment of Urticaria.

Dr. T. W. Murrells says for convenience of treatment I divide urticaria into four classes, viz.: Acute reflex, acute toxic, chronic reflex, and chronic toxic.

Acute reflex.—Here there is a sudden outbreak of urticaria without systemic disturbance. The patient seems in perfect health and may or may not give a history of previous attacks. Look at patient's tongue and other means of diagnosis and all is as should be. On questioning closely he may say that he chewed a piece of orange peel; swallowed a grape skin or something of that sort; and here is the source of the trouble. Acting as a mechanical irritant it causes reflexly an urticaria. This case should not be vomited, as it will set up further irritation, but prescribe something soothing to the gastric mucous membrane. Hydrocyanic acid diluted and later a saline to wash out the offending material. The acute toxic form is most often seen after the crab supper and ice cream festival and presents all the symptoms of an acute urticaria.

Chronic reflex.—This is the urteca-

ria that accompanies Col. R. E. Morse and helps to pave the downward road after the Christmas holidays. There is no toxic absorption but a gastritis and the ordinary foods of life act as irritants. Treatment same as for gastritis.

Chronic tonic is that form sometimes called urticaria of autointoxication. In this class of cases we have to supervise the patient's life and diet in our effort to eliminate the poison and prevent its reformation. Always examine the stomach contents and look for dilatation. Cases of this sort have occurred in connection with hydatids of the liver. In these two latter conditions the surgeon's knife is the only remedy. The external treatment of urticaria is simple. The evaporating and astringent lotions will be found more serviceable than dusting powders. Carbolic acid as a lotion in various strengths is perhaps the most useful remedy.—*Charlotte Medical Journal*.

In persons of middle age presenting gastric symptoms, the diagnosis of cancer should not be excluded because the symptoms have had a sudden onset. Such an onset occurs in a fair proportion of cases.—*American Journal of Surgery*.

KATHARMON is the ideal antiseptic which is non-irritating and an excellent deodorant. It is the remedy most particularly indicated in foul ulcers and in all those suppurating conditions attended by a disagreeable odor. It not only destroys the bacteria, but it acts as a mild stimulant and promotes the rapid healing of the

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It would be utterly impossible for any such results to be obtained by hastily compounding an extemporaneous prescription even if all of the ingredients were of the freshest and purest, which is not apt to be the case.

As much depends upon the manner in which the ingredients of Tongaline are compounded as upon the character of these drugs, and years of experimentation have taught its proprietors the most successful method of putting these ingredients together.

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Every physician should therefore protect himself, and his patients from worthless substitutes by prescribing Tongaline in original packages or take care that his prescriptions are dispensed by honest and reliable druggists.

A GOOD REMEDY IN MANY CONDITIONS.

Thomas G. Rainey, M. D., L. R. C. P., Resident Physician, British Medical Institute, Atlanta, Ga., in a recent article states, that the combination of drugs, antikamnia and codeine in the form of "antikamnia and codeine tablets," which has been so largely used for the control of cough, is also being successfully employed, to a large extent, in the treatment of nearly all affections of the respiratory tract, which are accompanied by dyspnoea and spasm namely: bronchitis, laryngitis, phthisis, whooping cough, hay fever and grippal affections. In cases in which the patients were suffering from the severe attendant pain of these diseases, it was found that this combination acted most satisfactorily. Each tablet contains $4\frac{3}{4}$ grains of antikamnia and $\frac{1}{4}$ grain sulph. codeine. To administer these tablets in the above conditions, place one tablet in the mouth, allowing it to dissolve slowly, swallowing the saliva. In the various neuralgias, and in all neuroses due to irregularities of menstruation this tablet affords immediate relief, and the relief is not merely temporary and palliative, but in very many cases curative. The dose most satisfactory is one tablet every half hour until four are administered.

Vast Possibilities of Nevada Fields.

Nevada has been clearly marked out by nature to become the world's greatest and most profitable mining section. It was as a mining country that the state first achieved prominence, and as such it is fast forging

ahead toward first place as the leading state in the production of gold and copper, not to speak of silver, and a long and varied list of other metals.

From being in the position of the man who believes that "all things come to those who wait," and beguiles his waiting by making constant efforts for his own development and success, the mining industry of Nevada has now reached forth vigorously through the mystery of tradition by which she has been surrounded in some sections of the country and has become a sought-for country, rather than a land unknown to many eastern capitalists, who, going perhaps in an exploring or curious mood, return home enthusiastic and amazed at the wonderful mineral resources here displayed and glad to reflect that the surplus locked up for them in safety vaults gives them the means of placing money where, with the exercise of intelligent judgment, the greatest profits from mining can be made.

The great mining prosperity of the past two years has demonstrated many things in Nevada. There has been a notable increase in the production of gold, a great revival in silver mining, values have been proved still greater with deep mining, thus removing the mistaken idea that Nevada mines "do not go down."

Tonopah today is producing millions in gold and silver and a city of several thousand inhabitants has sprung up as if by magic where a few years ago there was but a desert waste. Prospectors with all their worldly goods packed on burros set out in

every direction from Tonopah and the discoveries at Goldfield astonished the world and resulted in the extension of the Tonopah railroad south to the mines. Next the Kawich and Bullfrog mines were discovered and now Manhattan is setting the whole country aflame with gold discoveries. From time to time during the past three months the editor of The Western Trade Journal has had occasion to speak in favorable terms of several Nevada companies. We have not hesitated to recommend the stock to our readers, as our investigations of these enterprises have been such as to convince us that as legitimate and promising mining enterprises nothing more secure are on the market. It is therefore a satisfaction to be able to add one more promising Nevada company to our list of reliable companies. In this connection we refer to the Pittsburg-Manhattan Mining Company, whose properties consist of five claims, located in the famous Manhattan mining district, Nye County, Nevada. Developments are being made as rapidly as possible. The Company is driving a tunnel at the present time on the Money Power claim and expects to tap two highly mineralized veins within a short time, that outcrop at several places on the surface and carry values in gold and silver. The company is incorporated under the laws of Nevada, with a broad and ample charter. Capitalized for \$1,000,000, shares \$1.00 each, fully paid and non-assessable. Four hundred thousand shares have been set aside as a treasury fund for the sole

use and benefit of the company in the development and operation of its properties and for such other uses as are needed by the company. You can obtain these shares now at 10 cents per share, cash or installments. You don't have to be rich in order to become a shareholder in this splendid company. If you are not in a position to pay cash, the company will accept a small payment down with the order, the remainder in five monthly installments.

This company has been the subject of painstaking investigation on the part of The Western Trade Journal, and a spirit of fairness impels this statement that the most searching examination convinces us that the company offers the best form of investment in Nevada mining stock within our knowledge. For particulars not made plain by this free and unsolicited editorial, address Mackay, Munroe & Company, Fiscal Agents, P. O. Box 792, Tonopah, Nevada.

We consider but the interest of the subscribers, who may be undecided how to invest in Nevada gold mines, when, without insinuating ought in detraction of other companies, we bestow our unreserved indorsement upon the Pittsburgh-Manhattan Mining Company's proposition. In view of the foregoing, we feel it a duty to advise our readers who desire an interest in one of the best Nevada mining companies to lose no time in securing some of these shares, which offer the very best security for the least money that ever come under the purview of this paper.

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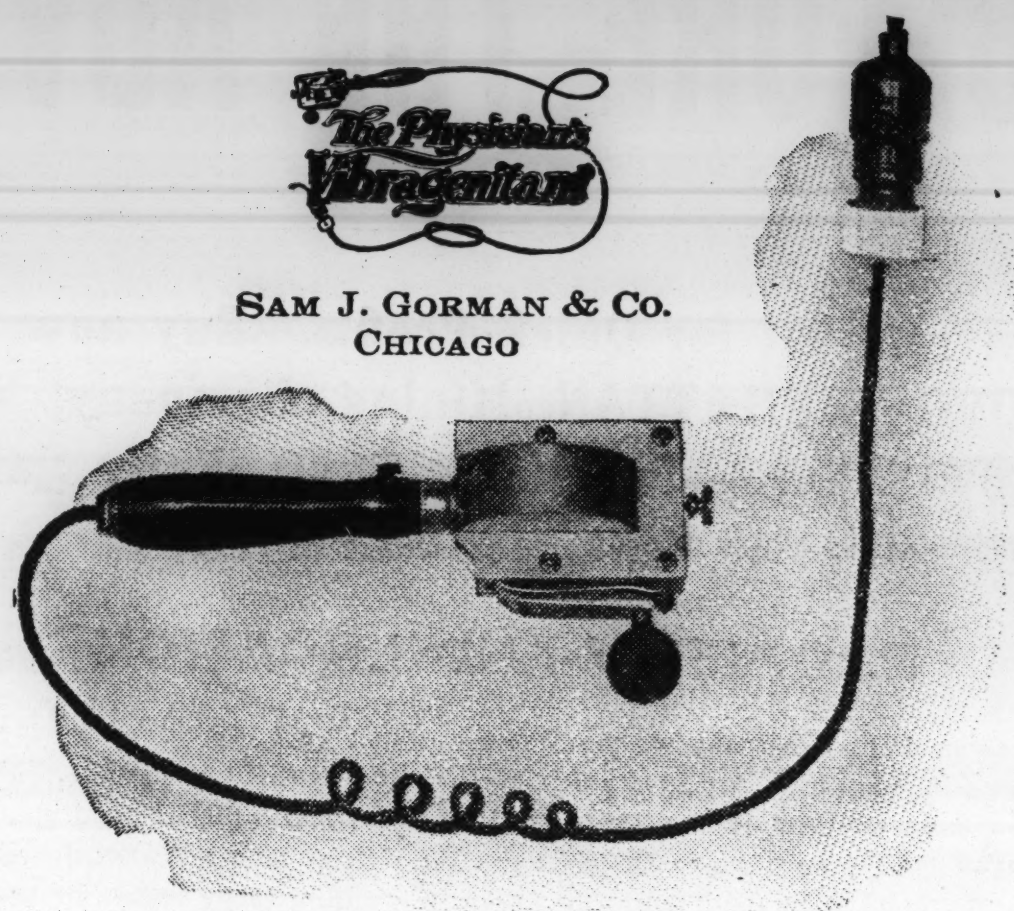
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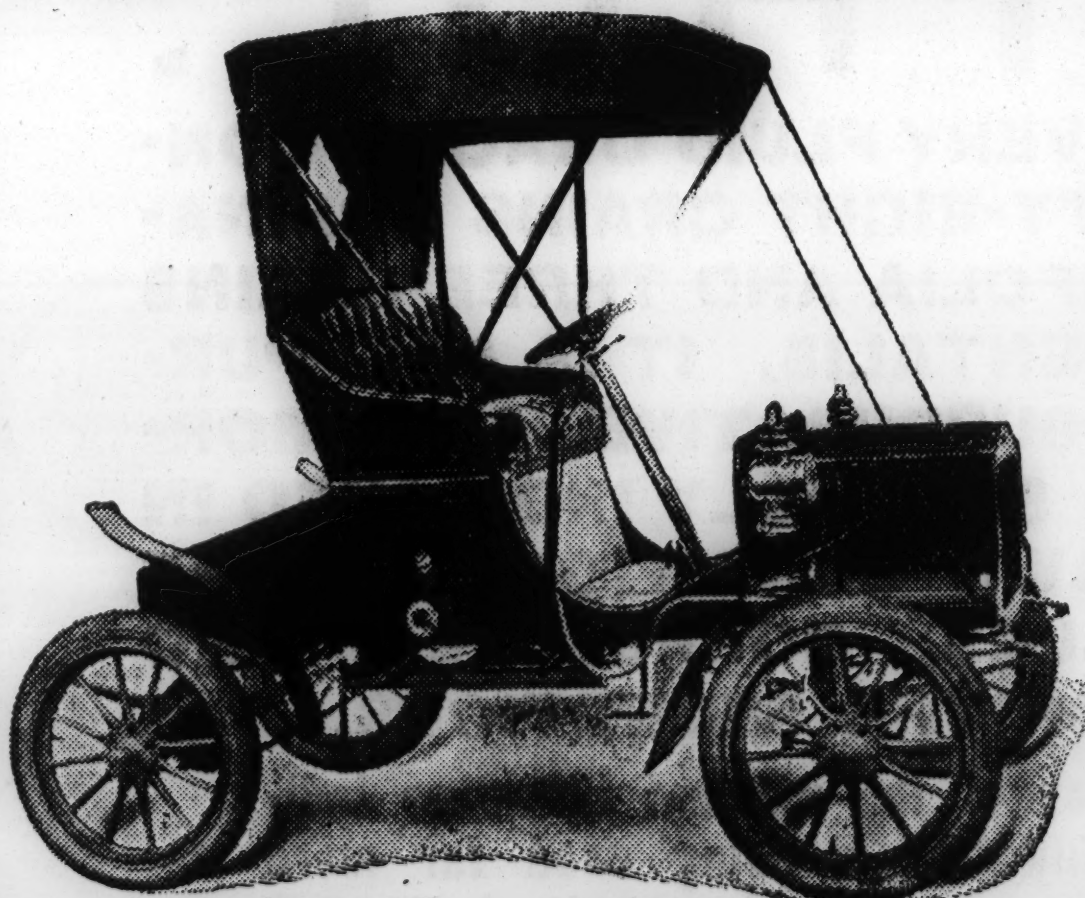
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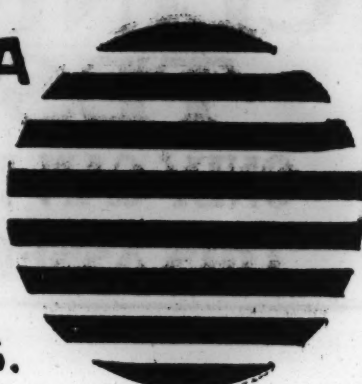


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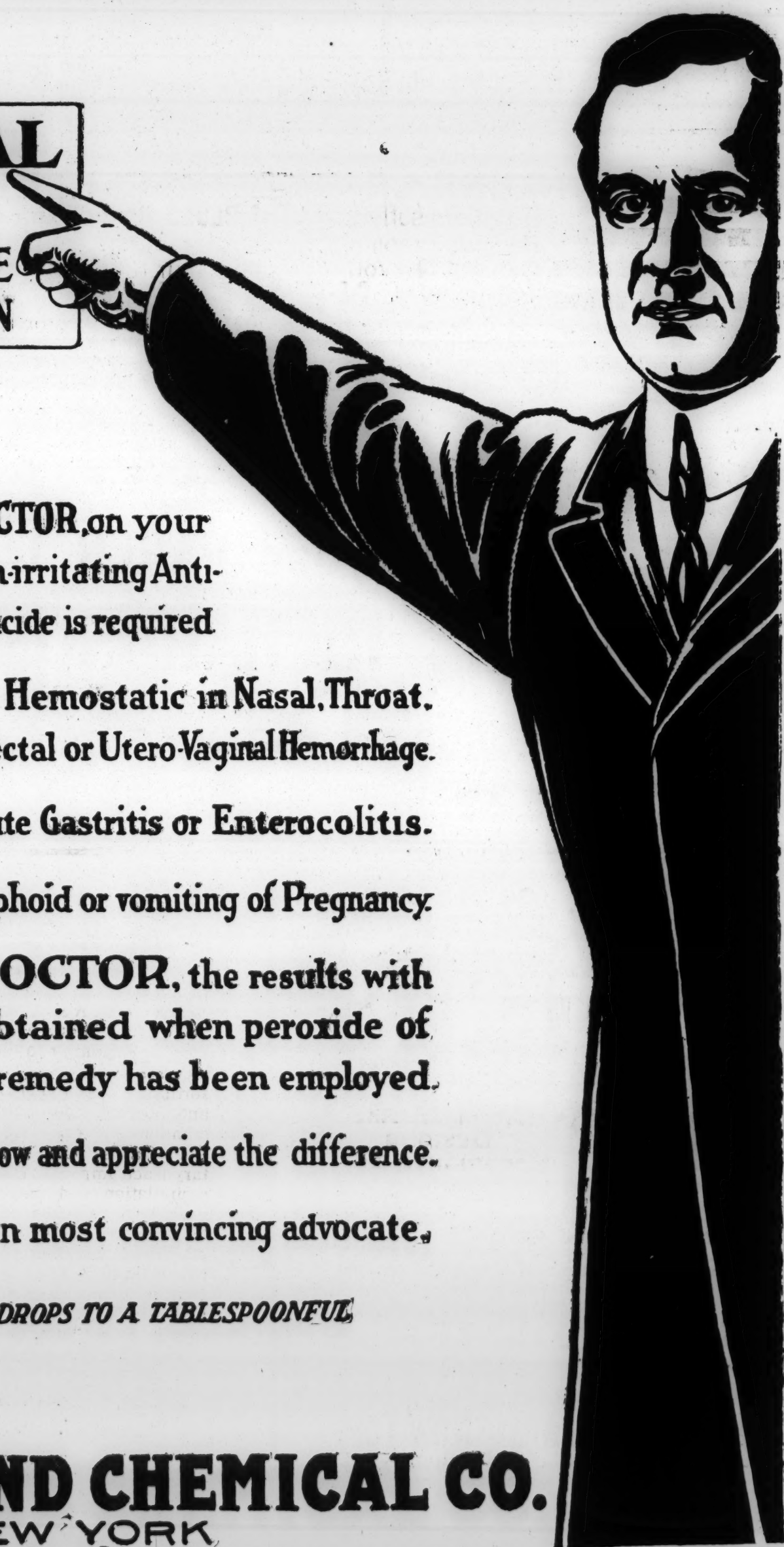
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